





























1. Board Name

State Medical Board of Ohio

2. Point of Contact

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3. Describe the board's primary purpose, goals and objectives, and licenses issued.

The State Medical Board of Ohio (SMBO, Medical Board, Board) issues licenses for and oversees the practice of allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM) and massage therapists (LMT) under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (ORC). The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the board before March 1992.

The Medical Board also regulates Physician Assistants, ORC Chapter 4730; Dietitians, ORC Chapter 4759; Anesthesiologist Assistants, ORC Chapter 4760; Respiratory Care Professionals, ORC Chapter 4761; Acupuncturists, ORC Chapter 4762; Certified Mental Health Assistants, ORC Chapter 4772; Radiologist Assistants, ORC Chapter 4774; and Genetic Counselors, ORC Chapter 4778.

The Medical Board’s regulatory responsibilities include investigating complaints against applicants and licensees and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

Agency Mission:

- To protect and enhance the health and safety of the public through effective medical regulation.

Agency Goals:

- Ensure persons practicing medicine meet sufficient standards of education, training, competence and ethics.
- Define and advocate for standards of safe medical practice.
- Prohibit persons from practicing medicine whose violations are so egregious as to forfeit the privilege or who otherwise lack the legal authority.
- Provide information about the licensees of the Board, the Board’s functions and operations, and the laws governing the practice of medicine.
- Achieve and maintain the highest possible levels of organizational efficacy.

4. Describe the board's annual workload. How many staff are employed?

The Board maintains 102,739 active licenses. This represents a 9% increase from 93,219 total active licensees in FY 2020. In FY 2025, the Board received 6,270 complaints with 6,360 submitted complaints being closed. During FY 2025, 92 positions (88 positions in FY 2026) were authorized with 82 full-time positions filled. Staffing levels are sufficient for current initiatives, and open positions may be retooled to accommodate for changing needs (i.e. growing number of interstate compacts/compact licensees).

The Board is organized into 7 departments that include: legal, investigations, hearing unit, licensure & renewals, operations, quality intervention, and enforcement.

Legal:

The Legal unit, headed by the board's Chief Legal Counsel, advises the board on legal matters. Among the functions of Legal are managing the rule promulgation process, responding to requests for public records, and ensuring that the board's orders are properly issued. The Legal Section may also get involved with the disciplinary process in cases that are more legally complex. If a licensee is issued a citation for a complex case and a hearing is not requested, the Legal staff will review the board's evidence to support the charges and prepare a Findings, Order, & Journal Entry (FOJE) for board review.

Investigations:

Upon receipt of a complaint, an investigator may gather preliminary information before contacting the licensee under investigation. (Investigations may include multiple complaints.) Such activities may include interviewing the complainant, reviewing a controlled substance prescribing report or the subpoena of medical records. If allegations pose a serious risk to the public, the complaint may be sent directly to the Enforcement Section attorneys for review. When the investigator has gathered necessary information for the case, they will prepare a Report of Investigation (ROI). The ROI is reviewed and approved by the Investigator Supervisor. The report is then routed to the board's Secretary and Supervising Member for review. The Secretary and Supervising Member determine if the complaint should move forward for discipline or be closed. 1,884 ROIs were completed by Investigations in FY 2025.

Hearing Unit:

The Medical Board's hearing examiners conduct the administrative hearings of practitioners. Following the conclusion of the administrative hearing, Hearing Unit attorneys prepare a Report & Recommendation (R&R) that includes the basis for the hearing, the findings of fact, conclusions of law, and a proposed sanction for consideration by the board members. The Hearing Unit held 49 administrative hearings in FY 2025.

Licensure & Renewals:

The licensure and public services department is responsible for processing license applications, issuing license verifications, complaint intake, and providing general customer service to licensees and the public. The department also conducts continuing education audits and reviews applications from schools for approval to offer massage therapy education in Ohio. Licensure issued 9,883 initial licenses in FY 2025 in addition to 33,983 renewals. The Medical Board continues to improve efficiencies in issuing licenses to those applicants qualified to practice in Ohio. On average, it took less than a month to issue a license from the date the application was submitted with payment in eLicense.

Operations:

The operations unit at the board consists of several key areas responsible for assisting staff in their day-to-day functions. The areas that make up the operations unit are:

Human Resources: Staffing, payroll, and benefits

Fiscal: Purchasing and budgeting

IT/Facilities: IT support and facilities/building management

Quality Intervention:

Led by the board's Medical Director, the Standards Review Section, as part of the board's confidential investigatory process, addresses quality of care complaints. Standards Review coordinates contracts with physicians, and other industry professionals, to evaluate certain complaint allegations to determine if the minimal standard of care was provided to the patient. Standards Review focuses on intervention, with the goal of guiding licensees who are beginning to show poor practice patterns or who are failing to keep up with changes in practice standards. While some complaints are sent on for formal disciplinary action, most complaints evaluated by this Section are resolved via non-disciplinary means, such as issuing warning letters and recommending educational courses. In addition to Standards Review complaints, the Section manages remedial education referrals and caution letters for the Investigations Unit and Enforcement Unit.

Enforcement:

Enforcement staff review the complaints referred to the Section by the Board's Secretary and Supervising Member and prepare the cases for possible disciplinary action. Enforcement attorneys prepare citations, as well as Summary Suspensions, Immediate Suspensions and Automatic Suspensions. They also negotiate Consent Agreements and Voluntary Surrenders. Enforcement issued 132 citations in FY 2025.

5. How many new licenses does the board issue annually? How many renewed licenses are issued annually? How much does a new license cost? How much does a renewal cost?

FY 2025

Acupuncturist –

Initial Issued: 12; Renewals Issued: 35

Initial Fee: \$100; Renewal Fee: \$100

Anesthesiologist Assistant –

Initial Issued: 49; Renewals Issued: 59

Initial Fee: \$100; Renewal Fee: \$100

Clinical Research Faculty Certificate –

Initial Issued: 6; Renewals Issued: 4

Initial Fee: \$0; Renewal Fee: \$0

Conceded Eminence Certificate –

Initial Issued: 20; Renewals Issued: 11

Initial Fee: \$1000; Renewal Fee: \$1000

Dietitian –

Initial Issued: 420; Renewals Issued: 809

Initial: \$225; Renewal: \$180

Dietitian Limited Permit –

Initial Issued: 44; Renewals Issued: 3

Initial: \$65; Renewal: \$65

Genetic Counselor –

Initial Issued: 77; Renewals Issued: 154

Initial: \$200; Renewal: \$150

Massage Therapist –

Initial Issued: 527; Renewals Issued: 5,238

Initial: \$150; Renewal: \$100

Mechanotherapist –

Renewals Issued: 2

Renewal: \$100

Naprapath –

Renewal Issued: 1

Renewal: \$100

Physician (MD, DO) –

MD Initial Issued: 2,694; MD Renewals Issued: 20,051

MD Compact Initial Issued: 1,175; MD Compact Renewals Issued: 514

DO Initial Issued: 711; DO Renewals Issued: 3,691

DO Compact Initial Issued: 169; DO Compact Renewals Issued: 98

Initial Fee: \$305; Renewal Fee: \$305

Physician Certificate to Recommend Marijuana

Initial Issued: 34

Initial Fee: \$0

Physician Training Certificate (MD, DO, DPM) –

Initial Issued: 2,599; Renewals Issued: 764

Initial: \$130; Renewal: \$100

Physician Assistant –

Initial Issued: 683; Renewals Issued: 1,003

Initial: \$400; Renewal: \$200

Podiatrist (DPM) –

Initial Issued: 48; Renewals Issued: 456

Initial: \$305; Renewal: \$305

Radiologist Assistant –

Initial Issued: 5; Renewals Issued: 2

Initial: \$200; Renewal: \$200

Respiratory Care Professional –

Initial Issued: 392; Renewals Issued: 951

Initial: \$75; Renewal: \$75

Respiratory Care Limited Permit (L1) –

Initial Issued: 249; Renewals Issued: 135

Initial: \$20; Renewal: \$10

Special Activity Certificate

Initial Issued: 2

Initial Fee: \$125

Visiting Clinical Professional Development Certificate

Initial Issued: 0

Initial Fee: \$0

Volunteer's Certificate

Initial Issued: 1; Renewals Issued: 1

Initial Fee: \$0; Renewal Fee: \$0

Total initial licenses issued: 9,883

6. In the past 5 years, has there been any consideration to lower the licensure cost?

Fees for physicians have not been increased since 1997 for initial licensure and 1999 for renewals. \$20 of each renewal fee is directed to the Department of Health for the Physician Loan Repayment Program. The State Medical Board receives \$285 for every physician renewal; one of the lowest in the country.

For allied medical professionals, fees have remained the same since the establishment of licensure for each respective license type at the State Medical Board.

7. How much revenue is procured from the licensure fees? What does this revenue fund?

The Board received \$11,812,200 in revenue in FY25 via licensure fees. Medical Board operations are funded exclusively through licensing and other authorized fees. The agency receives no funding from the state's general revenue sources.

8. Are there any federal regulations, or regulations required to be met outside of the existing licensure requirements that have to be complied with? Does federal law require the board to be renewed in some form?

There are no federal regulations required to be met, however, the Board must meet requirements for licensure of MDs and DOs entering through the Interstate Medical Licensure Compact via the compact commission comprised of member states. This will additionally apply to physician assistants, massage therapists, and dietitians through their respective compacts once operational. Federal law does not require the Board to be renewed.

9. Does the board issue an examination prior to licensure? Does the board issues continuing education courses? If so, how often is continuing education necessary? If the examination or continuing education requirements are done outside the board then what determines the selection of an outside organization to host it?

The Board requires, but does not issue, examination prior to licensure.

As per OAC 4731-10-02, the Board requires a physician (MD, DO, DPM) to complete fifty hours of continuing medical education per renewal period (two years). A licensee must complete a minimum of one hour of CME, approved by the board, on the topic of a licensee's duty to report misconduct.

Typically, selection of an outside organization is determined by such organization being the nationally accepted standard for that license type. Acupuncturists, Anesthesiology Assistants, Dietitians, Genetic Counselors, Massage Therapists, Physicians, Physicians Assistants, Podiatrists, Radiologists, and Respiratory Care Professionals follow nationally accepted standards for examination.

Physicians may choose any provider for CMEs as long as they meet requirements and category 1 standards set forth by the national accrediting organization.

10. How many other states regulate the occupation or occupations under the board's jurisdiction? Is a license required to engage in that occupation or those occupations in other states?

Acupuncturist – 47 states license and regulate acupuncturists.

Anesthesiologist Assistant – 22 states license and regulate anesthesiologist assistants.

Certified Mental Health Assistant – Ohio is the only state to license and regulate certified mental health assistants.

Dietitian – 46 states license and regulate dietitians.

Genetic Counselor – 32 states license and regulate genetic counselors

Massage Therapist – 45 states license and regulate massage therapists

Physician (MD, DO) – Every state requires a license and regulate the practice of medicine and surgery.

Physician Assistant – Every state license and regulate physician assistants.

Podiatrist (DPM) – Every state requires a license and regulate the practice of medicine and surgery.

Radiologist Assistant – 31 states license and regulate radiologist assistants

Respiratory Care Professional – 49 states license and regulate respiratory care professionals.

11. Has the operation of the board inhibited economic growth, reduced efficiency, or increased the cost of government?

The operation of the State Medical Board of Ohio has not inhibited economic growth, reduced efficiency, or increased the cost of government.

12. Are there any licenses that are no longer issued by the board?

The State Medical Board no longer issues initial licenses, but still regulates, naprapaths and mechanotherapists licensed by the board before March 1992.

The State Medical Board no longer licenses or regulates cosmetic therapists.

13. Is there anything that the board would like to see changed or implemented in regards to occupational licensing within the scope of this legislative review?

The Board does not suggest any changes within the scope of this legislative review.

14. Has the board recommended statutory changes to the general assembly that would benefit the public as opposed to the persons regulated by the board, if any, and have those recommendations and other policies been adopted and implemented?

The Board has recommended statutory changes to the General Assembly that benefits the public through the following adopted initiatives:

Senate Bill 109 (135th General Assembly):

- Changes are made to the criminal code to ensure the Board can take action in certain situations of providers engaging in sexual activity, including adding licensed medical professionals to an existing list of individuals (e.g., teachers, coaches, mental health professionals) in the childhood sexual abuse statute.
- The offense of sexual battery is expanded and the circumstances under which rape is committed are expanded.
- Changes are made to the sexual offender registration law due to the expanded definition of sexual battery.
- Courts and prosecutors now have reporting requirements to the Board for indictments and convictions of sexual battery offenders who are licensed medical providers.
- The offense of failure to report a crime is expanded to instances when an individual knows a licensed medical provider has committed a sexual offense against a patient.
- The time in which health care facilities, providers, and professional associations must report various conduct to the Board is generally shortened to 30 days (from 60).
- Health care facilities are now required to report the commencement of a sexual misconduct or criminal misconduct investigation against a Board provider to the Board within 30 days.
- Board providers are now required to report certain criminal charges within 30 days of the charge.
- The Board is now authorized to summarily suspend a license if the Board receives verifiable information that a provider has been charged with a felony and the conduct charged constitutes a disciplinary violation under Ohio law.
- The Board is now authorized to require providers who are subject to probationary orders related to sexual misconduct or patient harm to provide a written disclosure to each patient, or the patient's guardian or a key third party.
- The Board is now authorized to provide a status update regarding an investigation to a complainant on request if the Board verifies the complainant's identity.
- A violation of the Board's confidentiality statute is now a 1st degree misdemeanor.

- Certain healthcare providers are now prohibited from performing, or authorizing another to perform, an intimate examination on an anesthetized or unconscious patient.

Summary Suspensions (House Bill 96 of the 136th General Assembly):

- Revises the law authorizing the State Medical Board to issue summary suspensions against its license holders, including by specifying that a summary suspension is not a final appealable order and is not an adjudication that may be appealed under the Administrative Procedure Act.
- In the case of acupuncturists, anesthesiologist assistants, certified mental health assistants, genetic counselors, and radiologist assistants, it extends to 75 days (from 60) the number of days by which the Board must issue its final adjudicative order after its hearing regarding the summary suspension. (The 75-day timeline corresponds with that for other practitioners regulated by the Board.)

Medical Certificate of Death (House Bill 96 of the 136th General Assembly):

- Clarifies that the coroner or medical examiner certifies the cause of death when a decedent dies as a result of criminal or other violent means, while an attending physician certifies the cause of death in all other circumstances.
- Authorizes the physician who last examined or treated a decedent to certify the decedent's cause of death and complete and sign the medical certificate of death, but only in the case of a decedent who did not have an attending physician (defined under current law to mean the physician in charge of a patient's care for the illness or condition that resulted in the patient's death).
- Extends the current law timeline by which a medical certificate of death must be completed and signed, from 48 hours after death to 48 hours after notice of the death.
- Establishes the failure to comply with the law governing medical certificates of death as a ground upon which the Medical Board may take disciplinary action against a physician.
- Grants a coroner, medical examiner, or physician acting in good faith and upon reasonable belief immunity from civil liability and professional discipline for any act or omission in certifying the cause of death or in completing and signing the medical certificate of death.
- The SMBO collaborated with several interested parties representing physicians to implement changes with an aim to mitigate instances where physicians were hesitant to sign death certificate in fear of civil liability and professional discipline resulting in delays with burials of decedents.

Practitioner Impairment Monitoring (House Bill 33 of the 135th General Assembly)

- Revises the law governing SMBO's confidential program for treating and monitoring impaired practitioners
- Extends the program's treatment and monitoring services to practitioners who are or may be impaired and practitioners unable to practice because of mental or physical illness and specifies that impairment includes substance use disorder.

- Eliminates the requirement that a practitioner suspend practice while participating in the program, instead requiring suspension only if the monitoring organization, evaluator, or treatment provider recommends it.
- As a result of this statute change, the Board has observed an increase of practitioners self-referring to the confidential monitoring program thus protecting the public from impaired practitioners.

15. Is the preservation of the board and the board’s licenses necessary to protect the public’s health, safety, or welfare?

Licensees under each license type issued by the Board have the ability to drastically change healthcare outcomes to populations of Ohioans who are often in vulnerable states. The regulation that the Board provides aims to improve the quality of care while holding bad actors accountable.

16. Could the public be protected or served in an alternate or less restrictive manner? If applicable, please identify any licenses or functions of the board that could be eliminated or consolidated.

The Board continually aims to streamline processes to better serve licensees and the public. Those efforts include:

- Streamlining and standardization of initial and renewal applications (ongoing).
- The Board is now authorized to provide a status update regarding an investigation to a complainant on request if the Board verifies the complainant’s identity. (Senate Bill 109)
- As a result of creating a confidential monitoring program with the OhioProfessionals Health Program (‘OPHP’), 16 rules were rescinded, including an entire chapter, 4731-28. The program update led to consistency for impaired practitioners, rather than having different approaches for practitioners with substance use disorders and those with mental or physical health conditions.
- Implementation of the confidential monitoring program eliminated the requirement that a practitioner suspend practice while participating in the program, instead requiring suspension only if the monitoring organization, evaluator, or treatment provider recommends it.
- In 2024, the Board updated and streamlined its rules related to office-based opioid prescribing.
- In 2025, the Board is in process of streamlining its anesthesiologist assistant rules, with the rescission of one rule.
- Over the last two years, the addition of the Board’s Medical Director has helped to greatly shrink the time for review of standard of care complaints; we are able to provide a more thorough analysis and provide constituents with quicker answers.

17. Any additional notes or comments the board believes the committee should be aware of?

The Board has maintained its regulatory authority amidst a growth in active licensees of 9% since 2020. This has been accomplished without raising fees or adding additional staff.

The State Medical Board of Ohio is a national leader in holding providers accountable for sexual misconduct. In recognition of our work in this area, the State Medical Board of Ohio was the recipient of the national 2024 AIM/FSMB Best of Boards Award.